

**SOUTHERN CALIFORNIA PROMOTORES (COMMUNITY HEALTH WORKERS)**  
**NEEDS ASSESSMENT, SAN DIEGO AND IMPERIAL COUNTIES, 2010-2011**



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**  
**OFFICE OF BINATIONAL BORDER HEALTH**



## TABLE OF CONTENTS

<b>Authors</b>	3
<b>Acknowledgements</b>	3
<b>Executive Summary</b>	4
<b>Introduction</b>	5
<b>Purpose</b>	6
<b>Methods</b>	6
I.    Survey	6
II.   Key Informant Interviews	7
<b>Results</b>	7
I.    Surveys	7
II.   Key Informant Interviews	11
<b>Conclusion</b>	16
I.    Promotores	16
II.   Promotores Programs	17
III.  Training	17
IV.   Compensation	18
V.    Certification	18
VI.   Computers	19
VII.  Challenges	19
VIII. Recommendations	20
<b>References</b>	21
<b><u>Appendix</u></b>	
<b>Attachment A:</b> Promotores Needs Assessment Promotores Survey	22
<b>Attachment B:</b> Promotores Needs Assessment Agency Interview Script	26

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This report was authored by staff at the California Department of Public Health's Office of Binational Border Health.

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**Project Concern International**

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**Neighborhood House**

**National City Collaborative**

**San Diego City College, Institute for Human Development**

**Scripps Mercy Hospital**

**Casa Familiar**

**Between Women**

## **EXECUTIVE SUMMARY**

Public health programs have utilized community health workers for years in health promotion and disease prevention efforts. Community health workers have proven to effectively reach and educate communities, resulting in health behavior change. In Latino communities, community health workers are commonly known as Promotores.

The goal of this needs assessment was to understand and determine existing barriers and challenges employers may perceive and/or experience when utilizing promotores or community health workers. The needs assessment was done by administering a questionnaire to promotores and conducting interviews with agency program administrators. The community health worker questionnaire was designed to collect general information about the promotores, as well as collect information regarding their perceived needs in relation to their work.

In total, 174 surveys were collected (76 paper and 98 online). The majority (88%) of respondents were female and born in Mexico. Individuals were asked to choose from a list of employee support services that they would like to receive. Leadership training (61%) was the most frequently chosen service, followed by opportunities to continue education (49%), mental health service (38%), and medical insurance (37%).

The second measurement of key information was designed to find out what program administrators felt was successful and what could be improved within their own programs. Programs were identified, and interviews were conducted with individuals representing their organizations in Imperial and San Diego Counties.

Agencies employed between 2 and 520 employees, with a range of 1 to 41 community health workers/promotores and serve populations from 20 – 15,000 people each month. The majority of respondents indicated that promotores need to be trained in a variety of core competencies, in addition to being knowledgeable about the specific health issues that are addressed by their programs. The major challenges faced include reliability of promotores due to lack of funds for salaries, transportation, childcare, and incentives. Though promotores work for the good will of their communities, individual barriers and priorities are a reality.

## INTRODUCTION:

For decades in the United States and abroad, community health workers have served an important role in health promotion and disease prevention for public health programs (1,4). Community health workers, commonly called '*promotores*' in the Latino community, are defined as members of the community that provide education, support, and advice on health-related topics in traditionally underserved and hard-to-reach communities (2,3). Generally, *promotores* do not possess formal medical professional certification, but receive training and education for interventions. Serving as liaisons between the community and medical care providers, *promotores* effectively communicate and identify with the target population and play a crucial role in reducing health disparities (3).

Public health interventions have increasingly implemented the 'Promotores Model' to improve health outcomes, and have proved successful (4). Several public health programs adopt this framework in hopes to obtain results such as improved health and behavior habits among populations.

The National Community Health Advisor Study, conducted by the University of Arizona and the Annie E. Casey Foundation, identified seven core roles of CHWs. They include the following:

- Providing cultural mediation between communities and health and human services systems
- Providing informal counseling and social support
- Providing culturally appropriate health education
- Advocating for individual and community needs
- Ensuring that people obtain necessary services
- Building individual and community capacity
- Providing basic screening services (5)

Increased attention and importance are being placed on *promotores* programs, with possibilities for program development and implementation. With limited funding for healthcare programs, providers seek to allocate their resources more efficiently. Health care providers may look to shift tasks of primary care functions from health care workers to more efficiently manage human resources.

Attention to *promotores* is especially important in the wake of the signing of and preceding the implementation of the Patient Protection and Affordable Healthcare Act of 2010. This act allows for the funding of "eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers" (6). The Act states that a 'community health worker,' as defined by the U. S. Department of Labor, is "an individual who promotes health or nutrition within the community in which the individual resides by:

- a) serving as a liaison between communities and health care agencies;
- b) providing guidance and social assistance to community residents;
- c) enhancing community residents' ability to effectively communicate with health care providers;
- d) providing culturally and linguistically appropriate health and nutrition education;
- e) advocating for individual and community health;
- f) providing referral and follow-up services or otherwise coordinating;
- g) proactively identifying and enrolling eligible individuals in Federal, State, and local private or nonprofit health and human services programs" (6).

#### **PURPOSE:**

The purpose of this needs assessment is to determine existing barriers and challenges employers may perceive and/or experience when utilizing promotores or community health workers.

#### **METHODS:**

##### *I. Survey*

Surveys were developed and reviewed by the San Diego Promotores Education Committee (SDPEC). Questionnaires were designed to collect general information about the participant, as well as collect information regarding their perceived needs in relation to their work as promotores.

Questionnaires administered online via Survey Monkey, [www.surveymonkey.com](http://www.surveymonkey.com), as well as in person. The questionnaire content was identical in each tool, with the exception of 2 questions concerning internet access and computer literacy. These questions were omitted from the online survey, because of the inherent bias of individuals responding to questions from computers with internet access.

Prior to the survey the participants were informed of the purpose of the surveys and told that their participation was voluntary and anonymous.

Paper surveys were collected at Promotores training events sponsored by the California Office of Binational Border Health (COBBH) in October 2010 and in June and July, 2011. Online surveys were collected in July and August 2011. Participants were recruited through the SDPEC network. All participants who completed surveys were prompted (online) to pass on the survey to other promotores. The final survey can be found in *attachment A*.

The surveys contained multiple choice and short answer questions. All answers were entered into a Microsoft Excel spreadsheet. All multiple choice questions

had a section for 'other' answers or for the respondent to supplement their choices with additional information. For short answer questions, all answers were coded and grouped with regards to similar answers and themes.

## *II. Key Informant Interviews*

Key informant interview scripts were designed to find out what program administrators felt was successful and what could be improved with-in their own promotores programs. Key informants were identified in San Diego and Imperial Counties through the *SDPEC*.

Interviews were conducted face-to-face, over telephone, and through e-mail. Face-to-face interviews were scheduled when possible. When scheduling conflicts and geographic barriers prevented face-to-face interviews, the other communication methods were used. The final interview script can be found in *attachment B*.

In total, 19 interviews were performed with individuals representing 19 different organizations in Imperial and San Diego Counties.

Complete interviews were transcribed and translated in English (for interviews that were conducted in Spanish). Interview questions that were categorical were entered into a Microsoft Excel spreadsheet. Otherwise the interviews were coded based on common themes and responses.

## **RESULTS**

### *I. Surveys*

In total, 174 surveys were collected (76 paper and 98 online). The majority (88%) of respondents were female and born in Mexico with an average age of 43 years. The majority (75%) of respondents received their highest level of education in Mexico and the majority (52%) of respondents had at least some college education. These characteristics are shown in **Table 1**.

**Table 1. Demographic Characteristics of Promotores, San Diego and Imperial Counties, CA (N=174)**

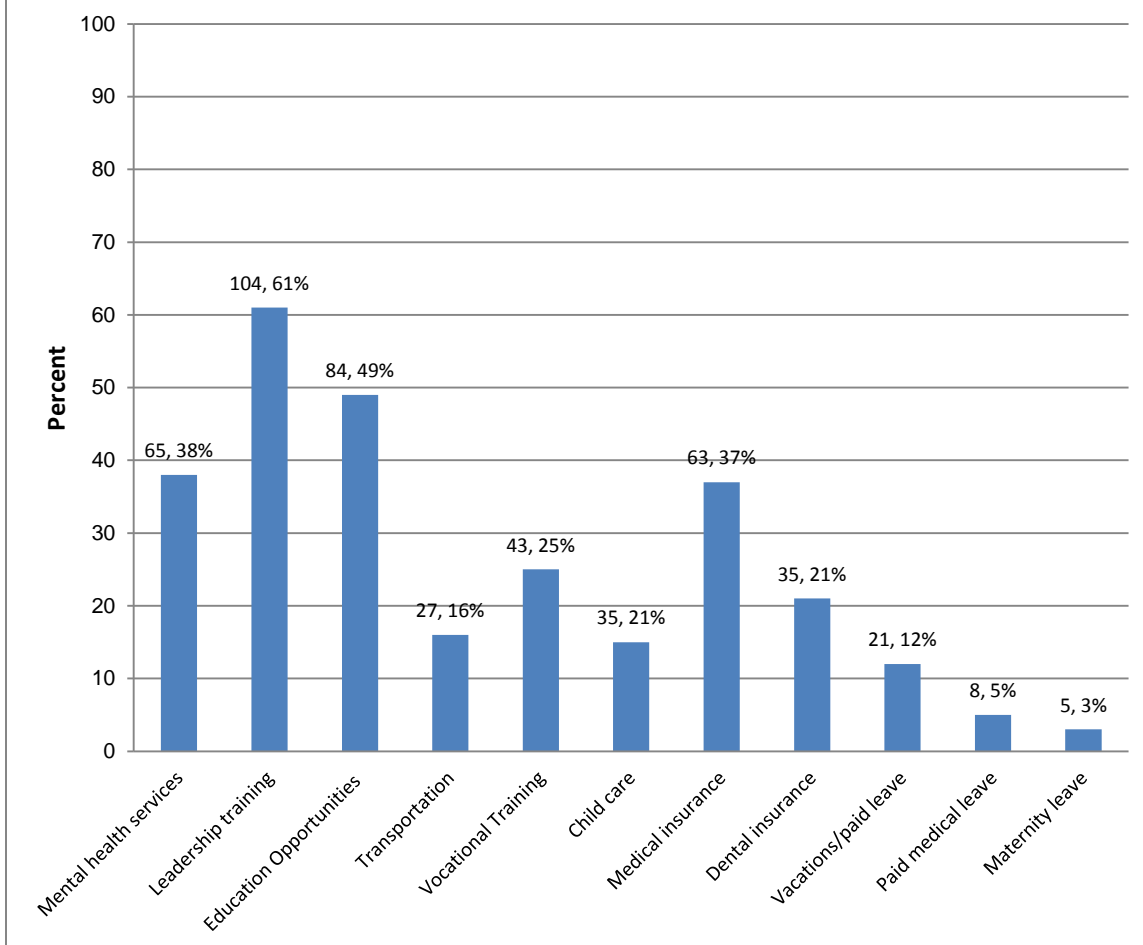
Characteristic		
Gender		
Male	19	(12%)
Female	135	(88%)
Missing	20	
Age (years)		
	43.3	$\pm$ 10.7
Country of Birth		
United States	37	(23%)
Mexico	119	(75%)
Other*	11	(7%)
Missing	16	
Country in which Highest Education Received		
United States	37	(23%)
Mexico	119	(75%)
No Education	2	(1%)
Missing	16	
Highest Education Received		
Grade School	22	(14%)
Middle School	19	(12%)
High School	34	(22%)
Some College	47	(30%)
College	25	(16%)
Post Graduate	9	(6%)
Missing	18	

\* Guatemala, El Salvador, Brazil, Argentina, Peru, Ecuador, Spain, Philippines, Scotland

Individuals were asked to choose from a list of employee support services that they would like to receive. Respondents were able to select multiple answers for some questions, therefore percentage totals may exceed one hundred percent. Leadership training (61%) was the most frequently chosen service, followed by opportunities to continue education (49%), mental health service (38%), and medical insurance (37%). Computer literacy education was a popular 'write-in' answer that was not an option offered on the survey. All requested employee support services are displayed in **Figure 1**.



**Figure 1: Employee Support Services Requested by Promotores (N=170)**



Ninety-seven percent of participants used Spanish language in their work as a promotor(a) (54% exclusively Spanish and 43% in combination with English) and three percent used only English. A small portion of the participants used Indigenous Mexican languages (Triqui, Zapoteca, and Mixteca), Tagalog, and American Sign Language. The majority of respondents responded that they became a promotor(a) to 'Obtain information that affects my community' (70%) and to 'Help my community' (79%). Thirty percent responded that they became a promotor(a) to earn income, 28 percent responded to gain experience, and 47 percent responded that they sought a networking experience. Other answers that were not included in the multiple choice answers were to help affect their own health and the health of their family, and because someone they admired inspired them to become a promotor(a). A large majority (90%) responded that they would be interested in a certification course offered by a local university. Of the respondents who answered paper surveys (not online), 94 percent responded that they did have access to a computer with internet and a minority

(13%) responded that they had never used the internet or they felt uncomfortable using a computer. **Table 2** illustrates promotor(a) employment characteristics.

**Table 2. Promotor(a) Employment Characteristics (N=174)**

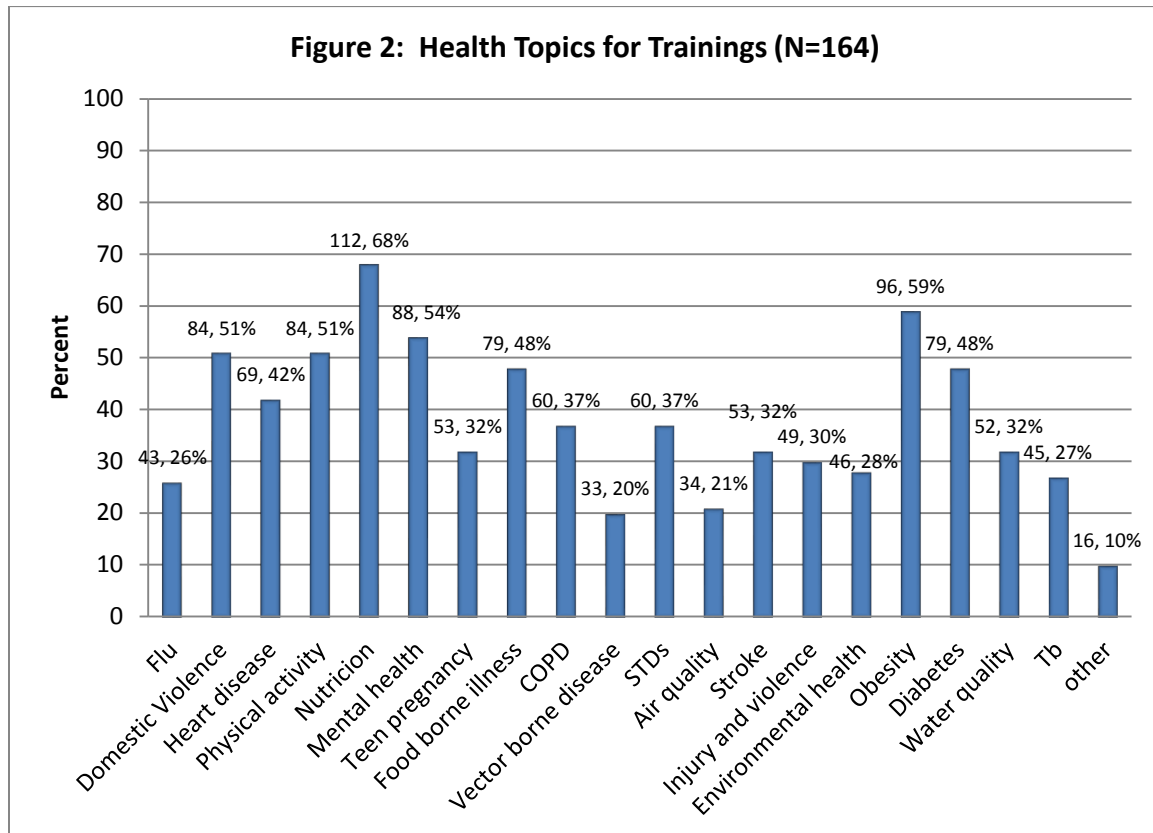
<b>What Languages do you use as a Promotor(a)?</b>	
Spanish	88 (54%)
English	5 (3%)
Spanish and English	70 (43%)
Other*	5 (3%)
<i>Missing</i>	11
<b>What Motivated you to be a Promotor(a)?</b>	
To obtain information that affects my community	120 (70%)
To help my community	136 (79%)
To earn income	52 (30%)
Networking opportunities	81 (47%)
To gain experience	49 (28%)
Other**	12 (7%)
<i>Missing</i>	2
<b>Interested in a Promotor(a) Certificate Program Offered by a Local University?</b>	
Yes	151 (90%)
No	17 (10%)
<i>Missing</i>	6
<b>Do you have access to a computer with internet? (N=76)</b>	
Yes	61 (94%)
No	4 (6%)
<i>Missing</i>	11
<b>How Comfortable do you feel working on a Computer (N=76)</b>	
Never used internet	6 (10%)
Uncomfortable	2 (3%)
A little comfortable	14 (23%)
Comfortable	20 (33%)
Very comfortable	25 (41%)
<i>Missing</i>	15

\* One individual spoke Spanish, Zapoteca and Triqui, one person spoke Zapoteca and Spanish, one person spoke Mixteca and English, two individuals spoke Tagalog and English, and one spoke American Sign Language, English, and Spanish.

\*\* "To help my own health, the health of my family, and I admired another promotora."

Participants were asked to choose from a list of health topics that they would like to receive additional training in. Respondents were able to select multiple answers for some questions, therefore percentage totals may exceed one hundred percent. The most popular health topic chosen was nutrition (68%),

followed by obesity (59%), mental health (54%), physical activity (51%), and domestic violence (51%). Other health topics that were not offered as options that respondents reported were geriatric health, occupational health, and cancers. Additionally, respondents reported a need in subjects of personal growth, such as self-esteem and values, public speaking, motivation, and computer literacy. **Figure 2** illustrates participants' chosen health topic of interest.



## II. Key Informant Interviews

Nineteen interviews were performed (one individual interview per organization) representing 19 different organizations that utilize promotores in San Diego or Imperial Counties. Fifteen interviews were conducted face-to-face, 2 interviews were conducted on the phone, and 2 interviews were conducted online through emails. All interviews were conducted between July and August of 2011.

Agencies interviewed have between 2 and 520 employees, with a range of 1 to 41 Community Health Workers/Promotores. Agencies serve populations from 20 – 15,000 people each month, and their funding cycles ranged from 1 to 5 years. The agencies ranged from having had worked with promotores for under a year to 20 years. The majority of agencies' primary purpose is to provide health

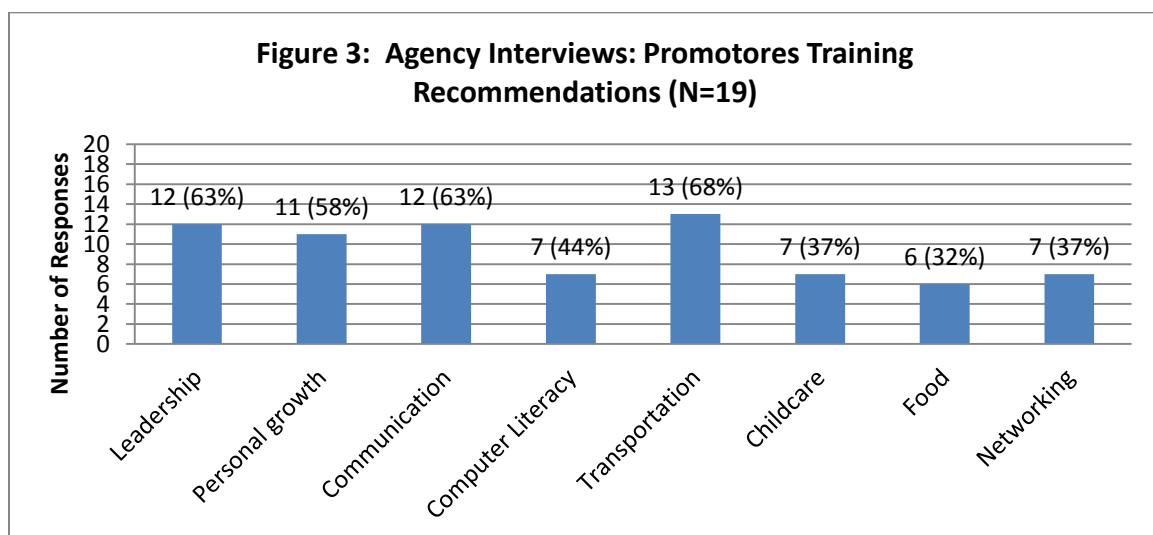
education to their communities (73%) along with primary care (53%), followed by promoting access to care (45%), and advocacy (36%). Agencies reported multiple primary purposes, therefore percentage totals may exceed one hundred percent. When asked what agencies' goals were for their CHW/Promotores program, the majority responded by delivering health education (79%), followed by connecting the community to health services (42%), providing personal development (16%), and advocacy (16%). All of the agencies interviewed served the Hispanic population. Additionally, the agencies served the African American, non-Hispanic White, American Indian/Native Alaskan, and Asian/Pacific Island populations. The majority of CHW/Promotores programs utilize individuals who do not receive compensation and benefits (67%). All agency characteristics are displayed in **Table 3**.

<b>Table 3. Agency Characteristics that work with Community Health Workers (CHWs)</b>	
<b>Promotores, San Diego and Imperial Counties, CA (N = 19)</b>	
Agency Characteristics	
Number of Employees Housed	2 – 520
Number of CHWs/Promotores	1 – 41
Number of People Served Each Month	20 – 15,000 +
Funding Cycle	1 – 5 years
Agency Primary Purpose	
Provide Health Education	14 (73%)
Primary Care	10 (53%)
Access to care/services	9 (45%)
Advocacy	7 (36%)
Other	3 (16%)
Length of Time (Years) Working with CHWs	
Promotores	1 – 20
Agency Goals for CHWs/Promotores Programs	
Deliver Health Education	15 (79%)
Connect Community to Services	8 (42%)
Provide Personal Development	3 (16%)
Advocacy	3 (16%)
Provide Support Groups	1 (5%)
Populations CHWs/Promotores Serve	
Hispanic/Latino (a)	19 (100%)
African American	4 (21%)
Non-Hispanic White	4 (21%)
American Indian/Native Alaskan	2 (11%)
Asian/Pacific Islander	2 (11%)
Other race/ethnicity	3 (16%)
Are promotores employees	
Yes	5 (33%)
No	6 (40%)
Some	4 (27%)
Missing	4

Of the agencies interviewed, 58 percent of promotores programs received federal funding, 37 percent private, 21 percent local, 16 percent from the state, and 5 percent through private donations. The majority (94%) of agencies responded that there were no education requirements for hiring promotores. An overwhelming majority (94%) of agencies provided some form of compensation (incentives, stipends, wages, etc.) for CHWs/Promotores. A majority of agencies conduct evaluations for their CHWs/Promotores (75%). The types of training agencies provide often include an introductory academy/in-house program overview (47%), followed by workshops and continuing education courses (35%), and specialized training for specific programs (18%) such as Zumba or Cardiopulmonary resuscitation (CPR). Additionally, the majority of agencies provide their CHWs/Promotores with an occupational health and/or safety plan training (62%). CHWs/Promotores work on various health topics for different agencies and the topics range from Nutrition, Mental Health, and Sexually Transmitted Diseases to Disaster Preparedness (more topics listed in Table 4). In order to address these topics, promotores utilize face-to-face interaction along with community involvement to educate various populations. Most of their educational tools are provided from the agencies and convey their information through different educational outlets such as health prevention packets, presentations, trainings, and interactive health education sessions. Further information regarding these characteristics is displayed in **Table 4**.

<b>Table 4. Characteristics Regarding Promotores in the Workplace</b>		
Educational Requirements for Hiring CHWs/Promotores		
Yes	1	(6%)
No	16	(94%)
<i>Missing</i>	2	
Funding Sources for CHWs/Promotores Programs		
Federal	11	(58%)
Private	7	(37%)
Local	4	(21%)
State	3	(16%)
Donations	1	(5%)
Provided Compensation (Incentives, stipends, etc.) for CHWs/Promotores		
Yes	16	(94%)
No	1	(6%)
<i>Missing</i>	2	
Evaluate CHW/Promotores for Program		
Yes	12	(75%)
No	4	(25%)
<i>Missing</i>	2	
Types of Trainings Provided for Promotores		
Intro –Academy/in-House	8	(47%)
Workshops/Continuing Ed	6	(35%)
Specialized training (CPR, Zumba, etc.)	3	(18%)
<i>Missing</i>	2	
Provided Occupational Health and/or Safety Plan		
Yes	10	(62%)
No	6	(38%)
<i>Missing</i>	3	
List of Health Problems addressed by CHWs/Promotores		
Alcohol/Drug Abuse	Mental Health	
Cancer Prevention	Migrant Health	
Diabetes	Nutrition/Obesity/Weight	
Disaster Preparedness	Sexual Health/STD's	
Environmental Justice	Stress/Life Skills	
Geriatric Health	TB	
Immunizations		

Interviewees responded with components of promotores trainings that they have found to be important and desired. The majority of respondents indicated that promotores need to be trained in a variety of core competencies, in addition to being knowledgeable about the specific health issues that are addressed by their programs. Atop these core competencies were leadership and communication. Additionally, the majority of respondents said that personal growth and computer literacy were important topics to be incorporated in Promotores training. Transportation was the most frequently mentioned as vital to a successful training, followed by childcare, and food. Time allotted for promotores networking was also a common response. These results are presented in **Figure 3.**



## CONCLUSION

This report gives a general description of promotores, specifically promotores in the Southern California region. The purpose of this needs assessment was to highlight both promotores and the programs in which they work. A summary of the findings of this report are presented below.

### *I. Promotores*

Promotores in San Diego and Imperial counties are mostly Spanish speaking and bilingual (Spanish and English) women who were born and educated in Mexico. A large percent have at least some university level education. The majority became promotores to help with the health of their communities and families, as well as develop professionally and earn income. They work and are respected members within the community in which they live.



## *II. Promotores Programs*

The 'Promotores Model' is utilized to promote a wide variety of health information throughout the CA-Mexico border region. The model has been utilized for over twenty years in this region, to provide efficient and effective health education to communities. Promotores Model successes can be attributed in part to the model's address of cultural, gender, and psychosocial aspects (2). Agencies that use the Promotores Model function independently and incorporate community health workers to fulfill their mission and to educate "hard to reach populations." Promotores work directly with such vulnerable populations to create healthy habits among patients with culturally appropriate and tailored curriculum (5,8). Promotores programs provide education to their communities on various health topics. Promotores strive to develop strong support systems to foster positive behavior changes (6, 8). The major challenge to sustainable and continuous promotores program activities is dependable funding to support the programs.

## *III. Training*

A few skills are essential to a promotor(a)'s efficacy in educating their population, in addition to their training in specific subject areas. It is essential for promotores to possess strong leadership skills and to be able to interface with the community effectively. These skills, often believed to be inherent, can be taught and enhanced.

While promotores programs often conduct their own trainings, many of the programs count on additional outside sources of training to provide continuous education to their promotores. Trainings that are provided often include: introductory health education, outreach methods, and how promotores will be involved in order to fulfill the agencies' mission. Trainings focus on promotor(a) core competencies and agency aspects pertaining to their mission, goals, and confidentiality statements. Interviews and surveys from this assessment displayed a need for specific training on overall personal-development (self-confidence, personal hygiene, self-esteem, and personal nutrition) and leadership for the promotores. Professional growth of the promotor(a) is desirable for both the agency and the promotor(a). The suggestion of trainings focusing on leadership, public speaking, self-esteem, and computer skills was echoed throughout the study.

In addition to training promotores on specific health issues, most of the agencies trained the promotores in occupational safety. The work that promotores do is very unique compared to other jobs in the healthcare field. Promotores most often do their work in the community and may find themselves at high risk for injury. Promotores may be faced with difficult situations such as inclement weather (such as extreme heat), exposure to or in the presence of domestic animals, areas with uneven walking surfaces, or suffer exhaustion. In order to

address the occupational health risks that affect promotores, these issues need to be studied further.

Other training logistics that resonated throughout the interviews and surveys were transportation, childcare, and food. In order for a training to have high attendance rates and be successful, these elements are absolutely necessary. Additionally, trainings should be held in a comfortable, family-like environment and should have a time for promotores to network and team build with other promotores. Furthermore, all promotores should be presented with certificates or other symbols of achievement.

#### *IV. Compensation*

All of the agencies that we interviewed provide some type of compensation for promotores when funding is available. Only a small minority of agencies employ their promotores and offer salaries with full benefits. It is more common for agencies to compensate their promotores with incentives such as gas cards, gift cards, and stipends.

While most agencies are able to function on an incentivized promotores program, there are many challenges to working with a volunteer staff. Agencies reported that their volunteer promotores are less reliable than their staff promotores and some had issues with volunteers showing up at events.

In order for promotores to adapt into the conventional health care system, wages, salaries, and benefits that other employees receive should be standard compensation for promotores as well.

#### *V. Certification*

Certification was referred to in a variety of manners in this needs assessment. Certification references included using a certificate as a form of appreciation and/or completion for trainings. The value of a certificate is held in very high regard within the promotores' network. The agencies expressed the importance of having a certificate to acknowledge that a Promotor(a) has successfully met the educational needs of a training and has successfully completed the course and/or health topic.

Agencies and promotores both responded positively to Promotores certification provided by a local college or university. The reasoning behind certification is that it would ensure core competencies were met for the role of a Promotor(a) and add value to the title. Certification would also prove to their community that promotores are officially trained and can be trusted amongst the community.

Proponents of the promotores certification predict that certification will help to allow for the proliferation of the Promotores programs with the new health care act and its subsequent funds.

The minority opposition of the promotores certification contest that the institutionalization of promotores would undermine the traditional role that promotores play in the community. Traditionally, promotores are unaffiliated and are trusted because they are seen to have no allegiance outside of the community in which they live and serve. Opponents of promotores standardized certification contend that the certification would jeopardize the promotores unbiased status in the community.

## *VI. Computers*

Technology represents an array of possibilities for communication and training of promotores. The importance of equipment and computer literacy was a significant theme that was echoed in both the promotores surveys and the agency interviews. Promotores expressed an interest in developing computer literacy. Agencies express a need for reliable equipment and for the promotores to be able to use and access computers.

It is evident in the method section of this needs assessment that some promotores have access to and are somewhat savvy with computers. Additionally, the promotores who were not surveyed online, responded that they had computer knowledge and access to computers. There was an evident disparity in the promotores comfort level/ability to use computers and their access. While almost all respondents had access to a computer with internet, more than a third was less than 'comfortable' with using them. This is evidence that training is needed and could be used.

## *VII. Challenges*

Despite Promotores Model successes, daily life challenges such as income, housing, legal status, and family issues have both patients and promotores finding difficulty in maintaining concentration and consistency in health programs (9). Overall, challenges and barriers stem from a major recurring factor: reliable funding. In the face of unreliable funding and short funding cycles, agencies try their best to overcome barriers that jeopardize the success of promotores programs' sustainability. The major challenges faced include: reliability of promotores due to lack of funds for salaries, transportation, childcare, and incentives. Though promotores work for the good will of their communities, individual barriers and priorities are a reality. Agencies have done their best to overcome these challenges by organizing carpools, providing daycare/tutors,

assist with travel arrangements, and support specialized certifications such as Zumba and CPR as incentives.

#### *VIII. Recommendations*

The promotores model is a significant part of health outreach in San Diego and Imperial Counties. In many cases, utilization of this strategy is the only way to reach certain populations, such as migrant farm working populations and their families. Outreach efforts must be culturally and linguistically appropriate to welcome and encourage participation of patients of various backgrounds (8, 9, and 10). Though the Promotores approach seems to be thriving in Southern California, there are many challenges that face maximizing the efficiency and efficacy of the existing programs as well as propagation of additional programs. To enhance awareness and increase attendance, programs should be advertised and relationships established with key contacts in underserved communities (5).

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## La Oficina de Salud Fronteriza Binacional

## Encuesta Sobre Las Necesidades de Las Promotores

Su participación en esta encuesta es completamente voluntaria. La información que usted nos proporcione ayudará a entender mejor las necesidades de los promotores y cómo podemos servirles mejor. Favor de llenar los dos lados de la encuesta. ¡Muchas Gracias!

	<b>Género:</b> <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<b>Edad</b> _____																		
<b>1</b>	¿Cuál es su mas alta nivel de educación?	<table border="1"> <thead> <tr> <th>En México</th> <th>En Los Estados Unidos</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Ninguna</td> <td><input type="checkbox"/> Ninguna</td> </tr> <tr> <td><input type="checkbox"/> Primaria</td> <td><input type="checkbox"/> Primaria</td> </tr> <tr> <td><input type="checkbox"/> Secundaria</td> <td><input type="checkbox"/> Secundaria</td> </tr> <tr> <td><input type="checkbox"/> Preparatoria</td> <td><input type="checkbox"/> Preparatoria</td> </tr> <tr> <td><input type="checkbox"/> Algo de colegio</td> <td><input type="checkbox"/> Algo de colegio</td> </tr> <tr> <td><input type="checkbox"/> Licenciatura</td> <td><input type="checkbox"/> Licenciatura</td> </tr> <tr> <td><input type="checkbox"/> Maestría</td> <td><input type="checkbox"/> Maestría</td> </tr> <tr> <td><input type="checkbox"/> Doctorado</td> <td><input type="checkbox"/> Doctorado</td> </tr> </tbody> </table>	En México	En Los Estados Unidos	<input type="checkbox"/> Ninguna	<input type="checkbox"/> Ninguna	<input type="checkbox"/> Primaria	<input type="checkbox"/> Primaria	<input type="checkbox"/> Secundaria	<input type="checkbox"/> Secundaria	<input type="checkbox"/> Preparatoria	<input type="checkbox"/> Preparatoria	<input type="checkbox"/> Algo de colegio	<input type="checkbox"/> Algo de colegio	<input type="checkbox"/> Licenciatura	<input type="checkbox"/> Licenciatura	<input type="checkbox"/> Maestría	<input type="checkbox"/> Maestría	<input type="checkbox"/> Doctorado	<input type="checkbox"/> Doctorado
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<input type="checkbox"/> Doctorado	<input type="checkbox"/> Doctorado																			
<b>2</b>	¿En que país nació usted?	<input type="checkbox"/> Estados Unidos <input type="checkbox"/> México <input type="checkbox"/> Otro: Por favor especifique _____																		
<b>3</b>	¿Qué lo motivó a ser un(a) promotor(a)? <b>(Marque todos los que apliquen)</b>	<input type="checkbox"/> Para obtener información sobre temas de salud que afectan mi comunidad <input type="checkbox"/> Para ayudar a mi comunidad <input type="checkbox"/> Aprender como hacer cambios que benefician a mi comunidad <input type="checkbox"/> Para obtener ingreso <input type="checkbox"/> Para relacionarme con la red de profesionales en salud <input type="checkbox"/> Para adquirir experiencia para mi curriculum vitae <input type="checkbox"/> Otro: Por favor especifique _____																		
<b>4</b>	¿Que tipo de apoyo le gustaría recibir de su agencia? <b>(Elige los tres mas importantes)</b>	<input type="checkbox"/> Servicios de Salud Mental <input type="checkbox"/> Capacitación para liderazgo <input type="checkbox"/> Oportunidades/fondos para continuar mi educación <input type="checkbox"/> Transporte (e.g. boletos para transporte público) <input type="checkbox"/> Orientación Vocacional <input type="checkbox"/> Cuidado de niños <input type="checkbox"/> Seguro de Salud <input type="checkbox"/> Seguro Dental <input type="checkbox"/> Vacaciones/ o tiempo libre pagado <input type="checkbox"/> Permiso Médico Renumerado <input type="checkbox"/> Licencia de Maternidad <input type="checkbox"/> Otro: Por favor especifique _____																		
<b>5</b>	¿Que recursos adicionales le ayudarían a ser un(a) promotor(a) más eficaz? <b>(Marque todos los que apliquen)</b>	<input type="checkbox"/> Materiales de educación para compartir con mi comunidad <input type="checkbox"/> Transporte <input type="checkbox"/> Capacitación Adicional <input type="checkbox"/> Aprender como hacer cambios institucionales que beneficie mi comunidad <input type="checkbox"/> Capacitación sobre evaluación de programas <input type="checkbox"/> Capacitación para mejorar la comunicación <input type="checkbox"/> Otro: Por favor especifique _____																		

# Attachment A: Promotores Needs Assessment Promotores Survey

6	¿Como le gustaría recibir capacitación? <b>(Marque todos los que apliquen)</b>	<input type="checkbox"/> Pláticas <input type="checkbox"/> Seminarias <input type="checkbox"/> Talleres <input type="checkbox"/> Práctica manual con demostraciones <input type="checkbox"/> Cursos por internet <input type="checkbox"/> Programas de Certificación <input type="checkbox"/> Conferencias <input type="checkbox"/> Otro: Por favor especifique _____	
7	¿En que temas le gustaría recibir capacitación?	<input type="checkbox"/> VIH/SIDA <input type="checkbox"/> Influenza <input type="checkbox"/> Violencia Doméstica <input type="checkbox"/> Enfermedades del Corazón <input type="checkbox"/> Actividad Física <input type="checkbox"/> Nutrición <input type="checkbox"/> Salud Mental <input type="checkbox"/> Embarazo del Adolescente <input type="checkbox"/> Enfermedades causados Por alimentos <input type="checkbox"/> Enfermedad Pulmonar Obstructiva Crónica <input type="checkbox"/> Enfermedades transmitidas por vectores	<input type="checkbox"/> Infecciones de Transmisión Sexual <input type="checkbox"/> Calidad de Aire <input type="checkbox"/> Accidente cerebro vascular <input type="checkbox"/> Lesiones y Violencia <input type="checkbox"/> Salud Ambiental <input type="checkbox"/> Obesidad <input type="checkbox"/> Diabetes <input type="checkbox"/> Calidad del Agua <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Otro: Por favor especifique _____
8	¿Esta usted interesado en programas de certificación de promotores patrocinado por universidades locales?	<input type="checkbox"/> Si <input type="checkbox"/> No	
9	¿Tiene usted acceso a una computadora con Internet?	<input type="checkbox"/> Si <input type="checkbox"/> No	
10	¿Que tan cómodo se siente usando el Internet?	<input type="checkbox"/> Nunca he usado el internet <input type="checkbox"/> Incomodo usando el internet <input type="checkbox"/> Algo cómodo usando el internet <input type="checkbox"/> Cómodo usando el internet <input type="checkbox"/> Muy cómodo usando el internet	
11	¿Que idiomas utiliza como promotor(a)? <b>(Marque todos los que apliquen)</b>	<input type="checkbox"/> Español <input type="checkbox"/> Ingles <input type="checkbox"/> Triqui <input type="checkbox"/> Mixteco <input type="checkbox"/> Zapoteca <input type="checkbox"/> Otro: Por favor especifique _____	
12	¿Hay otras cosas que le ayudaría a ser un(a) mejor promotor(a)? <b>(Por favor explique)</b>		

¡Gracias!





## California Office of Binational Border Health

Promotores Survey

1	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Age		
	What is your highest level of Education? (Mark one from each category)	<b>In Mexico</b> <input type="checkbox"/> No Educación <input type="checkbox"/> Primaria <input type="checkbox"/> Secundaria <input type="checkbox"/> Preparatoria <input type="checkbox"/> Some college <input type="checkbox"/> Licenciatura <input type="checkbox"/> Maestria <input type="checkbox"/> Doctorado	<b>In United States</b> <input type="checkbox"/> No Education <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Some college <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate/PhD
2	What country were you born in?	<input type="checkbox"/> United States <input type="checkbox"/> Mexico <input type="checkbox"/> Other: Please Specify _____	
3	What motivates you to be a promotora? (Check all that apply)	<input type="checkbox"/> To learn about health topics that affect my community <input type="checkbox"/> Help my community <input type="checkbox"/> Learn to make changes that will benefit my community <input type="checkbox"/> For the income <input type="checkbox"/> Other: Please Specify _____	
4	What type of personal support would you be interested receiving from your agency? (Select the three most important)	<input type="checkbox"/> Mental health services <input type="checkbox"/> Leadership skill trainings <input type="checkbox"/> Opportunities to further my education <input type="checkbox"/> Transportation (e.g. bus passes) <input type="checkbox"/> Career Counseling <input type="checkbox"/> Child Care <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Paid time off/Vacation Time <input type="checkbox"/> Paid sick leave <input type="checkbox"/> Maternity leave <input type="checkbox"/> Other: Please Specify _____	
5	What type of additional resources would help you to become a more effective promotora? (Mark all that apply)	<input type="checkbox"/> Additional Education Materials <input type="checkbox"/> Transportation <input type="checkbox"/> Training on specific topics that help meet my communities needs <input type="checkbox"/> Learning how to make institutional changes that will benefit my community (Advocacy) <input type="checkbox"/> Other: Please Specify _____	



Attachment A: Promotores Needs Assessment Promotores Survey

6	How do you like to receive training? (Mark all that apply)	<input type="checkbox"/> Lectures <input type="checkbox"/> Seminars <input type="checkbox"/> Online <input type="checkbox"/> Certificate Programs <input type="checkbox"/> Conferences <input type="checkbox"/> Other: Please Specify_____
7	What topics would you like to receive training in?	<div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> HIV/AIDS  <input type="checkbox"/> Influenza  <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Heart Disease  <input type="checkbox"/> Physical Activity  <input type="checkbox"/> Nutrition  <input type="checkbox"/> Mental Health  <input type="checkbox"/> Adolescent Pregnancy  <input type="checkbox"/> Food Borne Illness  <input type="checkbox"/> Chronic Obstructive Pulmonary Disease  <input type="checkbox"/> Vector Borne Diseases         </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Sexually Transmitted Infections  <input type="checkbox"/> Air Quality  <input type="checkbox"/> Stroke  <input type="checkbox"/> Injury and Violence  <input type="checkbox"/> Environmental Health  <input type="checkbox"/> Obesity  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Water Quality  <input type="checkbox"/> Tuberculosis  <input type="checkbox"/> Other: Please Specify_____         </div> </div>
8	Are you interested in a Promotora certification program sponsored by local colleges/universities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you have access to a computer with internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	How comfortable are you using the internet?	<input type="checkbox"/> Never used the internet <input type="checkbox"/> Uncomfortable using the internet <input type="checkbox"/> Somewhat Comfortable using the internet <input type="checkbox"/> Comfortable using the internet <input type="checkbox"/> Very Comfortable using the internet
11	What language do you use as a promotora? (Select all that apply)	<input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Triqui <input type="checkbox"/> Mixtec <input type="checkbox"/> Zapotec <input type="checkbox"/> Other: Please Specify_____
12	Are there any other things that would help you be a better promotora? (Please Explain)	

## **Key Informants of Promotores/ Community Health Workers (CHW) Needs Assessment**

### **For Employers who currently use CHW's**

The California Department of Public Health's Office of Binational Border Health is conducting this interview to gather more information about your organization and how you utilize promotores/community health workers. This interview will serve as a portion of a larger promotora/chw needs assessment that we are conducting throughout our border region. The information you provide will help us better understand CHW programs, how to improve them and how to make them more sustainable. Your participation in this interview is completely voluntary and all answers will be kept strictly confidential. You have the right to refuse to answer any question you do not wish to answer. Thank you for your participation.

### **Employment Information**

1. Approximately how many people does your agency/organization serve each month?
2. What is your organizations primary purpose? What are your goals? (access to care/services, Education, Primary, secondary or Tertiary Care etc...)
3. How many employees do you have at your organization? How many are CHWs/Promotores?
4. How long has your organization been working with CHWs/Promotores?
5. What are you goals for your CHW/promotores programs? How do CHWs/Promotores help with your agencies goals/mission?
6. What health problems and issue are addressed by your CHWs/Promotores? (such as HIV/AIDS, influenza, heart disease, Tuberculosis, etc...)
7. Do your promotores work well with other employees? Do they ever collaborate?
8. What percent of your CHWs/Promotores receive some form of compensation for the work they perform? What kind of compensation? Do any volunteer their time?
9. Is there a stable number of hours for promotores? How long do promotores typically work for your organization? (Do you have high turnover?) Are they employees?
10. Do your CHWs/Promotores receive any benefits? (Such as child care, health insurance, vacation or sick pay, etc...)
11. What are the funding sources for your CHW/promotores programs? (Federal, state, local, private etc...) Is this funding long term? How often must you reapply for funding?

**Target Populations**

12. Please answer the following question about the population your CHWs/Promotores serve  
(Mark all that apply)

a. Ethnicity

- ☐ African American
- ☐ American Indian/Native Alaskan (specify): \_\_\_\_\_
- ☐ Asian/Pacific Islander (specify): \_\_\_\_\_
- ☐ Hispanic/Latino (a) – any race (specify): \_\_\_\_\_
- ☐ Non- Hispanic White
- ☐ Other race/ethnicity (specify): \_\_\_\_\_
- ☐ Do not know
- ☐ Refuse to answer

b. In what language is most outreach work conducted?

- ☐ Spanish
- ☐ English
- ☐ Both Spanish and English
- ☐ Indigenous Language
- ☐ Other Language (please specify) \_\_\_\_\_

c. Gender

- ☐ Male
- ☐ Female
- ☐ Male and Female
- ☐ Transgender (to include but not limited to, cross dresser, transsexual, transvestites)
- ☐ All of the above

d. Age

- ☐ Children
- ☐ Adolescents
- ☐ Adults
- ☐ Elderly
- ☐ All of the above
- ☐ Prefer not to specify

e. Are there any other population characteristics you think we should be aware of?

**Outreach Resources**

13. What educational outreach resources/tools do your CHWs/Promotores utilize to educate the community? (Trainings, pamphlets, internet, etc.)
14. How do your organization's CHWs/Promotores reach their target populations? (Face to face, health fairs, home visits, etc.)
15. Do you require/prefer some sort of certification/credentialing/school level of your CHWs/Promotores at hiring?
16. What type of training do your CHWs/Promotores undergo? How do they learn about new topics? (Lectures, seminars, certificate programs, online courses, etc...)
17. If any, how much training or how many seminars do you require your CHWs/Promotores to attend per year?
18. Describe what, in your view, would be an ideal training for CHWs/Promotores (in terms of length, what is offered, topics that should be covered, services, etc...)? In your experience what has been missing from trainings your promotores attend?
19. If you provide trainings, how are they normally conducted?
20. Do you evaluate your organization's CHWs/Promotores job performance? If yes, how? Are you required to report evaluations to the funding source of your CHWs/Promotores?
21. Do you have an Occupational Health and Safety plan for your CHWs/Promotores? (safety training, neighborhood training, safety equipment, etc...)

**Challenges/Needs**

22. Are there any difficulties you encounter from employing CHWs/Promotores? (language barriers, transportation, etc...) How do you address those challenges?
23. How can your organization's CHW/promotores programs be improved?
24. What additional resources or information do you think you need to run successful CHW/promotores programs?
25. What additional resources or information do you think CHWs/Promotores need to be successful?
26. Is there anything else you would like to tell me about your CHW/promotores programs and how they can be improved?